

## STANDARD CERTIFICATE OF DEATH

State File No. ....

16241

BIRTH NO. ....		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLEASANT HILL</u>		812 <sup>0</sup> / <sub>8</sub>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>3 MI S PLEASANT HILL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KARON</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>KINSCHERFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1955</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N M</u>		8. DATE OF BIRTH <u>DEC. 5 - 1947</u>	
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>PLEASANT HILL ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>PLEASANT HILL ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN KINSCHERFF</u>		13b. MOTHER'S MAIDEN NAME <u>WANDA LEE KING</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN KINSCHERFF PLEASANT HILL ILL</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple hemorrhage into the skull</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with edema of brain wide spread</u> DUE TO (c) <u>generalized, severe, following skull fracture</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>automobile accident</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>MAY 24 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Craniotomy and Cisterna puncture</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUSPECTED HOMICIDE <u>accident</u>	
21a. ACCIDENT SUSPECTED HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 96</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Pleasant Hill Pike 812 ILL</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 24 1955 9A</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 24 1955 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Subject struck by car</u>			
22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>1955</u> , that I last saw the deceased <u>on May 24, 1955</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. O. Mudd, Coroner</u>		23b. ADDRESS <u>Brushing Green Mo.</u>		23c. DATE SIGNED <u>June 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 24 - 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PRESENT HEIGHTS</u>		24d. LOCATION (City, town, or county) (State) <u>PLEASANT HILL ILL.</u>	
DATE REC'D BY LOCAL REG. <u>6/6/55</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SUTTER FUNERAL HOME PITSFIELD, ILL.</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James A. Muel*

Licensed Embalmer No. *4152*

P. O. Address

*Beverly Harbor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.